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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td>4004</td> </tr> <tr> <td>First Named Inventor</td> <td>Weisenberg, Arlene</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td> </tr> <tr> <td>Application Number</td> <td>/</td> </tr> <tr> <td>Filing Date</td> <td>10/31/01</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	4004	First Named Inventor	Weisenberg, Arlene	<i>COMPLETE IF KNOWN</i>		Application Number	/	Filing Date	10/31/01	Art Unit		Examiner Name	
Attorney Docket Number	4004														
First Named Inventor	Weisenberg, Arlene														
<i>COMPLETE IF KNOWN</i>															
Application Number	/														
Filing Date	10/31/01														
Art Unit															
Examiner Name															

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Hazardous Materials Safe Envelope

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number	and was amended on (MM/DD/YYYY)	(if applicable).
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address belowName **Joseph A. Yanny**Address **1925 Century Park East, Suite 1260**City **Los Angeles**State **CA**ZIP **90067**Country **USA**Telephone **(310) 551-2966**Fax **310- 551-1949**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) **Arlene**Family Name  
or Surname **Weisenberg**Inventor's  
Signature *Arlene Weisenberg*

Date

Residence: City **Simi Valley**State **CA**Country **USA**Citizenship **USA**Mailing Address **3252 Darby, No. 233**City **Simi Valley**State **CA**ZIP **93063**Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) **Henry**Family Name  
or Surname **Weisenberg**Inventor's  
Signature *Henry Weisenberg*

Date

Residence: City **Simi Valley**State **CA**Country **USA**Citizenship **USA**Mailing Address **3252 Darby, No. 233**City **Simi Valley**State **CA**ZIP **93063**Country **USA**☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☒

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

10/31/01

Weisenberg, Henry

Hazardous Materials Safe Envelope

4004

I hereby appoint:

☐ Practitioners at Customer Number   
**OR**

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Joseph A. Yanny	29,459
Michael A. DiNardo	42,487

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

☐ Practitioners at Customer Number

**OR**

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☒ Firm or  
Individual Name

Yanny & Smith

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Henry Weisenberg

Signature

*Henry Weisenberg*

Date

10/31/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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☒ Firm or  
Individual Name

Yanny & Smith

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### SIGNATURE of Applicant or Assignee of Record

Name

Arlene Weisenberg

Signature

*Arlene Weisenberg*

Date

10/31/01

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